

**RETURN TO:**

## EMPLOYMENT VERIFICATION

EMPLOYEE'S NAME

ADDRESS

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POSITION TITLE

DATE EMPLOYED

### CONTINUOUS SERVICE?

☐ YES☐ NO

## EMPLOYMENT

☐ FULL TIME☐ PART TIME☐ SEASONAL BASIS

AMOUNT OF SALARY

\$

☐ WEEK

 MONTH

SEASON

□ YEAR

**IF EMPLOYMENT HAS TERMINATED PLEASE FILL OUT THE FOLLOWING:**

REASON

## REEMPLOYMENT POSSIBILITIES

REMARKS

EMPLOYER

SIGNATURE - EMPLOYER'S REPRESENTATIVE

DATE \_\_\_\_\_

TITLE